

**RECORD OF REQUEST FOR BROADCAST TIME BY OR ON BEHALF OF AN
ISSUE GROUP-MILLENNIUM SALES & MARKETING-WASHINGTON DC
Millennium Sales & Marketing Washington, DC**

Station: _____
Date of Request: 4/25/2012 **Time:** 12N

Issue Name: DCCC
Address: 430 S CAPITOL STREET
City: WASHINGTON **State:** DC **ZIP:** 20036

Contact:
Name: KRISTIE MARK
Title: COO
Phone: 202-429-1000

Inquiry Made By: GMMB **Phone # :** 202.338.8700
On Behalf Of: **Client:** _____ **Agency:** X

Request Received By: MILLENNIUM SALES AND MARKETING

Information Requested: RATES

Information Supplied: As requested

To be filled in by station

Accepted By: _____ **Date:** _____ **Time** _____

Final Disposition: _____

Payment Received: _____ **Date** _____

Copy Approved by: _____